proteins of the pelt or urine of these animals. These proteins have a relatively low molecular weight.1,2 Our case may have a similar pathophysiology. The patient is reluctant to be re-skunked in hopes of further defining this disorder.

We have made no recommendations to the patient other than to avoid skunking episodes in the future. We would, of course, be interested in the input from your readers.


REFERENCES

Alpha,-Antitrypsin Deficiency Registry

To the Editor:

We wish to bring to the attention of the readership of Chest the existence of a multi-center Registry for Patients with Deficiency of Alpha,-Antitrypsin. This Registry, sponsored by the National Heart, Lung and Blood Institute, intends to follow 1,000 adult (age 18) patients with deficiency of alpha,-antitrypsin over five years. The purpose of the Registry is to characterize the natural history of this disorder, both in patients currently receiving augmentation therapy and in those without augmentation therapy. The study is being conducted at 22 participating Clinical Centers (see attached list), at which eligible patients are seen twice yearly for up to five years. Outcome events include measures of pulmonary function (eg, spirometry and, when available, lung volumes, diffusing capacity, and arterial blood gases or oximetry), cause-specific mortality, functional status and clinical events related to associated diseases (eg, liver disease) and any possible toxicity of augmentation therapy with alpha,-antitrypsin. The Registry is voluntary and is not a randomized clinical trial. Rather, patients will be followed by the Registry Clinical Centers without altering the usual regimens as prescribed by their managing physicians. It is important to emphasize that the patients’ clinical management will not be altered by their participating in the Registry. Recruitment for the Registry is currently underway. We welcome any inquiries (George W. Williams, Ph.D., 216/444-2980) and are happy to inform the readership of Chest about this important study to clarify the natural history of alpha,-antitrypsin deficiency.

We appreciate the readers’ attention to this matter, and hope to have future opportunities to update the pulmonary community on the progress of this important study.

James K. Stoller, M.D., and George W. Williams, Ph.D., Principal Investigators, Clinical Coordinating Center, Cleveland Clinic Foundation, Ronald G. Crystal, M.D., National Institutes of Health Chairman, Steering Committee for the Registry for Patients with Alpha,-Antitrypsin Deficiency, Bethesda

Recurrent Bronchial Carcinoid

To the Editor:

I read with interest the paper by Bernstein et al (Chest 1989; 95: 693-94) on recurrent bronchial carcinoid.

They refer to our paper (reference 12) but omitted the title, "Resection of Mediastinal Metastasis of Malignant Bronchial Carcinoid 32 years after Pneumonectomy".

Their case and ours are quite similar, both patients having had the metastasis in the same place and both having had empyema post pneumonectomy. By way of follow-up our patient is still alive, active at age 63 years, without recurrence of the tumor or superior vena cava syndrome under 13 years following resection of the metastasis (48 years after the original pneumonectomy). His CT scan is negative. No radiotherapy was given.

I congratulate the authors on their excellent result and in calling attention to the value of radiotherapy in this remarkable tumor.

Paul A. Kirschner, M.D., F.C.C.P., Clinical Professor of Surgery, Chief of General Thoracic Surgery, The Mount Sinai Medical Center, New York

Participating Centers

Arapahoe Pulmonary Consultants
Denver, CO
Cleveland Clinic Foundation
Cleveland, OH
Graduate Hospital
Philadelphia, PA
Henry Ford Hospital
Detroit, MI
Lahey Clinic Medical Center
Burlington, MA
Mayo Clinic-Jacksonville
Jacksonville, FL
Mayo Clinic-Rochester
Rochester, MN
National Heart, Lung, and Blood Institute
Bethesda, MD
National Naval Medical Center
Bethesda, MD
Ohio State University
Columbus, OH
Oregon Health Sciences University
Portland, OR
Pacific Presbyterian Medical Center
San Francisco, CA
St. Lukes/Roosevelt Hospital
New York, NY
The University of Arizona
Tucson, AZ
University of California, Davis Medical Center
Sacramento, CA
University of California, San Diego Medical Center
San Diego, CA
University of Minnesota Hospital and Clinic
Minneapolis, MN
University of Nebraska Medical Center
Omaha, NE
University of Rochester Medical Center
Rochester, NY
The University of Texas Health Center, Tyler
Tyler, TX
University of Utah Health Sciences Center
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Communications to the Editor